

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 30275/939B	
Application Number 09/775,069-Conf. #1906		Filed February 1, 2001	
For METHOD FOR CONTROLLING CONFIGURATION OF LASER INDUCED BREAKDOWN AND ABLATION			
Art Unit 3742		Examiner G. S. Evans	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$570	\$285	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,290	\$645	\$ 645.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$2,010	\$1,005	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,730	\$1,365	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> . <input checked="" type="checkbox"/> Payment made via EFS-Web.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the			
<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) statement is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,970</u> . <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number _____.			
_____ /Paul B. Stephens/ Signature		_____ February 28, 2013 Date	
_____ Paul B. Stephens Typed or printed name		_____ (312) 474-6300 Telephone Number	
<b>NOTE:</b> This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.			